

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	G-1/W	11	1/5/2001
FORMALITY REVIEW	<del>SS</del>	JC877	01-12-01
RESPONSE FORMALITY REVIEW	<del>SS</del>		

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1			
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41			
42			
43			
44			
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51			
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59			
60			
61			
62	✓	✓	✓
63	✓	✓	✓
64	✓	✓	✓
65	✓	✓	✓
66	✓	✓	✓
67	✓	✓	✓
68	✓	✓	✓
69	✓	✓	✓
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75	✓	✓	✓
76	✓	✓	✓
77	✓	✓	✓
78	✓	✓	✓
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81	✓	✓	✓
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89	✓	✓	✓
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97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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